

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3				1		
4				1		
5				1		
6				1		
7			1			
8				1		
9				1		
10				1		
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12				1		
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41				1		
42				1		
43				1		
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.	1		4			
TOTAL DEP.	1		19			
TOTAL	2		23			

	IND.	DEP.	IND.	DEP.	IND.	DEP.
61						
62						
63						
64						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL						